## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE POLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	VIDEO DECODING SYSTEM									
Fill in Appropriate	the specification of white forth above and/or the	ch is attached h	ereto. If not attached her	eto, the applicat	ion is identified by the	attorney docket	number as set			
Information -	The specification v	The specification was filed on								
For Use Without	United States Application Number									
Specification Attached:	and amended on									
Attacheu.	International Appl	ication Number	·							
	and was									
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as									
	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Endowl									
	I do not know and do not believe the same was ever known or used in the United States of America before any and									
	year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.  I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate histed below and have also identified below any foreign application for patent or inventor's certificate have a solution of the prior of the patent or inventor's certificate have a solution of the prior of the patent or inventor's certificate have a solution of the patent or inventor's certificate have a solution of the priority benefits that the priority is certificate have a solution of the priority is certificate below and have also identified below any foreign application for patent or inventor's certificate have a solution of the priority is certificate below and have also identified below any foreign application for patent or inventor's certificate have a solution of the priority is certificated below and the priority is certificated below and the priority is certificated below and the priority is certificated by the prior									
	Prior Foreign Applica	от пие аррисаци	on on which priority is cl	claimed: 2002-0018583 Priority Claimed						
Insert Priority		• • •				1 11011ty C	-initited			
Information:	P2002-46830	Korea		August 08,		⋈				
(if appropriate)	(Number)	(Country)		(Month/Day	//Year Filed)	Yes	No			
	<del></del>									
	(Number)	(Country)		(Month/Day	/Year Filed)	Yes	No			
	(Number) (Country)			(Month/Day/Year Filed)			ū			
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Cominy)		(Mondi, Day	/ Tear rued)	Yes	No			
	(Number)	(Country)	<del></del>	(Month/Day	/Year Filed)	☐ Yes	□ No			
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.									
Insert Provisional										
Application(s): (if any)	(Application Number)			(Filing Date)						
	(Application Number) (Filing Date)									
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:									
	Country		Application Number		Date of Filing (Month	/Day/Yearl				
Insert Requested Information: (if appropriate)						- July real	-			
	I hereby claim the benefit under Title 35, United States Code, \$120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose information which is malerial to the patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.									
Insert Prior U.S.										
Application(s): (if any)	(Application Number)		(Filing Date)		(Status - patented, pen	ding, abandone	d)			
Page 1 of 2 (Rev. 12/19/01)	(Application Number)	<del></del>	(Filing Date)		(Status - patented, pen	ding, abandone	d)			

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE POLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole investme:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	INVENTOR'S SIGNATURE						
Full Name of First or Sole Invention: Ingert Name of inventor Ingert Out This Document is Signed	Eung Tae KIM	M & ha		August 4/2003					
Intert Residence	Residence (City, State & Country)	0	CITIZENSH						
Insert Clubenship ->	Suwon-si, Gyeonggi-do, Korea	Korean							
Invert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	Hanil Town A 118-2004, Jowon-dong, Jangan-gu, Suwon-si, Gyeonggi-do, Korea								
Full Name of Second Inventor, if eny: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE					
	Residence (City, State & Country)		CITIZENSHI	ENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
Full Name of Thir.1 Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE					
	Residence (City, State & Country)		CTTIZENSHI	ISHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
Full Name of Fourth Inventor, of any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	<u></u>	DATE					
	Residence (City, State & Country)		CITIZENSHI	P					
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE					
	Residence (City, State & Country)		CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
ull Name of Suth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	<u> </u>	DATE					
·	Residence (City, State & Country)	CITIZENSHIP							
	MAILING ADDRESS (Complete Street Address including City, State & Country)								